PART B - FEE(S) TRANSMITTAL

**INSTRUCTIONS: This form should be used for tensaminating the ISSUE FEER and PUBLICATION FEE (of required). Blocked of the completed with support of the property of the complete and propert	•	Complete and ser	nd this form, together v	vith applicable	Commissioner for Patents P.O. Box 1450 Alexandria; Virginia 22313-1450 or Fax (571) 273-2885			1
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OTHER PRINCE OF THE PRINCE OF	12/0	30 ROCKEFEL NEW YORK, N	LER PLAZA NY 10112			I hereby certify that States Postal Service addressed to the M transmitted to the US	ertificate of Mailing or Tran this Fee(s) Transmittal is bei with sufficient postage for fi all Stop ISSUE FEE addres PTO (571) 273-2885; on the	nsmission ng deposited with the United irst class mail in an envelope is above, or being facsimile date indicated below.
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O9/847.417 05/03/2001 Yasubiro Kujirai 862.C2218 5477 TITLE OF INVENTION: PRINTING CONTROL METHOD, APPARATUS AND STORAGE MEDIUM THEREFOR, AND PRINTING SYSTEM APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$3500 \$1700 02/07/2006 EXAMINER ARI UNIT CLASS-SUBCLASS REAGAN, JAMES A 3621 705-0550000 1. Change of correspondence address or indication of "Fee Address" (and the second address of indication of "Fee Address" (and the second address of indication of "Fee Address" (and the second address of indication of "Fee Address" (and the second address of indication of "Fee Address" (and the second address of indication of "Fee Address" (and the second address of indication of "Fee Address" (and the second address of indication of "Fee Address" indication form PTO/SIM/7, Rev 07-01.0 or more recent) attached. Use of a Castomer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (grint or Type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOTE as upstitute of filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE (CITY and STATE OR COÚNTRY) Canon Kabushiki Kaisha Tokyo, Japan Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government at Tokyo, Japan Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government at Tokyo, Japan Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government at Tokyo, Japan Please check the appropriate assignee category or categories (will not be private on the patent): Individual Corporation or other private	03 F			No man	WAR.			(Date)
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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Canon Kabushiki Kaisha Tokyo, Japan Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government 4a. The following fee(s) are enclosed: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies 5 Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Eee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in Interest as shown by the records of the United Status Patent and Trademark Office. BRESIDENCE: (CITY and STATE OR COUNTRY) Tokyo, Japan Corporation or other private group entity Government 4b. Payment of Fee(s): Authorized Signature Date November 30, 2005 Registration No. 42, 419		Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type)			
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Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies 5 Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1205 (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in Typed or printed name Date November 30, 2005		As The Tallering C. (2)						
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an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.